SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number
EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	04/04/2019 09:11
Date Of Accident	03/04/2019 11:30
Exact Location Of Accident	BEDOK SOUTH AVE 1 B4 BEDOK SOUTH RD JUNC
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD8769Z
Insured/Policyholder	
Name Of Registered Owner	BS CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81450033
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SJD8769Z
Cover Note Number	-
Driver	
Name of Driver	JONAS CHOW WEI XUAN
NRIC No	S9924249C
Date Of Birth	27/07/1999
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE

(LOCAL) +65-82601251

NOEMAIL

Address BLK 881 WOODALNDS ST 82 #08-40

Postcode 73088

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB1379S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Postcode

Name JONAS CHOW WEI XUAN Approximate Age Injuries Sustain BODY Injured person in which vehicle? SJD8769Z Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address

Accident Sketch Plan

SKETCH PLAN

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- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

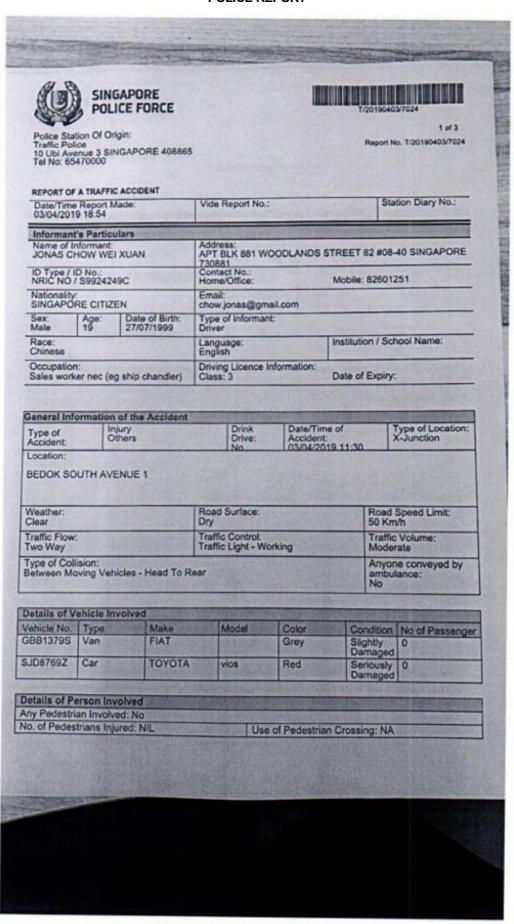
Reporting Centre Personnel's Signature Name: NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN	-11	12111		1111	1 51 1	111	111	
	A				/A = G =	530	276	17.
		Bedok	South	Ave	1		of alc anctio	South
DESCRIBE CIRCUMSTAN	ICES OF THE ACC	IDENT						
				-				
			*					
DECLARATION								
/We declate the foregoing pa	rticulars are true in	every respect.				ful		
olicyholder's signature Date & Time:	Oriver's Si (If driver i Date & Tir	s not the policyhi	older)	N	eporting Ce ame:	entre Person	nel's Signat	ure

NRIC/FIN No.:

POLICE REPORT



POLICE REPORT



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2013

Report No. T/20190403/7024

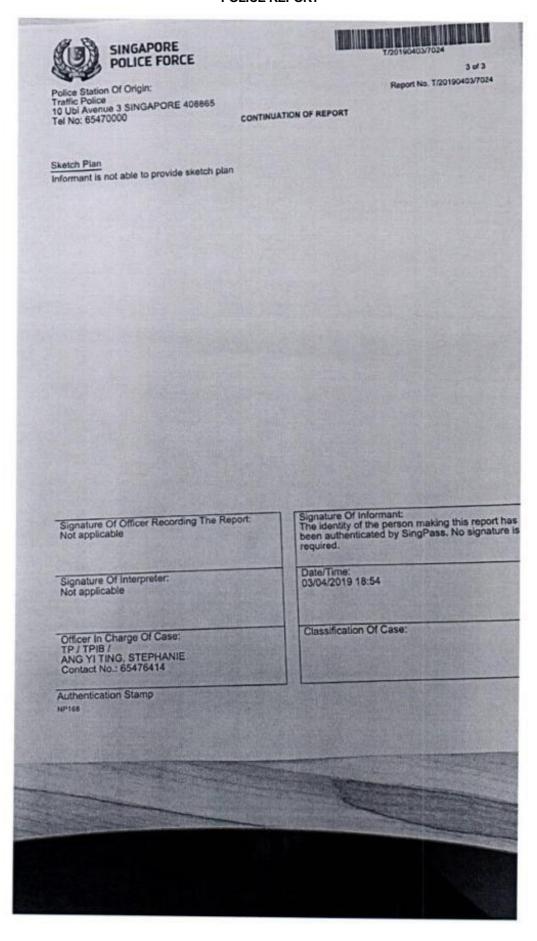
CONTINUATION OF REPORT

Driver			ID No.	S9924249C	
Name	JONAS CHOW WEI XUAN	10 140.	333242133		
Related Vehicle	SJD8769Z (Car) RAFFLESMEDICAL		Contact No.	Class: 3 Date of Expiry: NIL	
			Class of		
Hospital/Clinic			Driving Licence & Expiry Date		
Date Treatment	03/04/2019	Date Disc	harge 03/04	/2019	
	ted Medical Leave 03	Degree of	Injury Sligh	THE RESERVE OF THE PARTY OF THE	

Brief Details.

On the stated time and date, I was travelling on vehicle A bearing carplate number SJD8769Z at bedok south ave 1. As I was approaching the traffic light, I slow down and came to a complete stop as it was red at the point of time where I suddenly felt a great impact from the back. I alighted from my vehicle and realise that vehicle B bearing carplate number GBB1379S had collided front to rear of my vehicle. I felt pain after the accident and consulted the doctor where I was given a 3-Days MC.

POLICE REPORT



DRIVING DOC





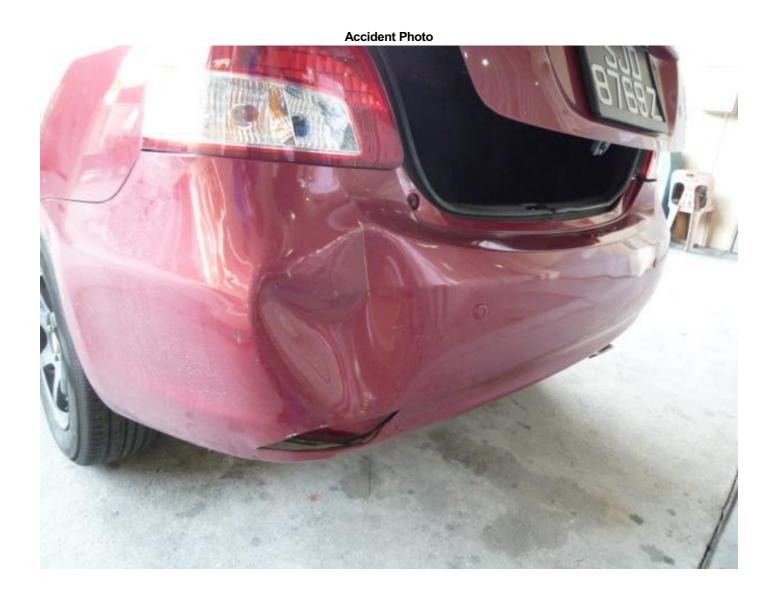


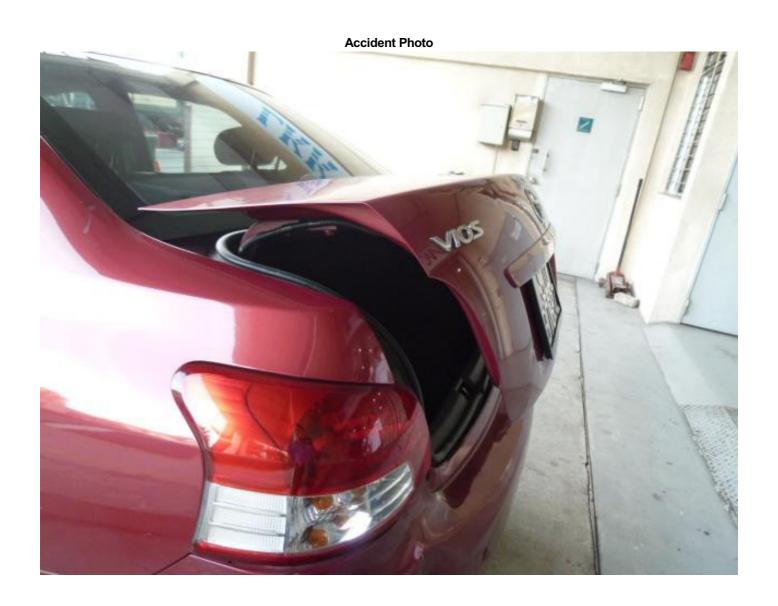






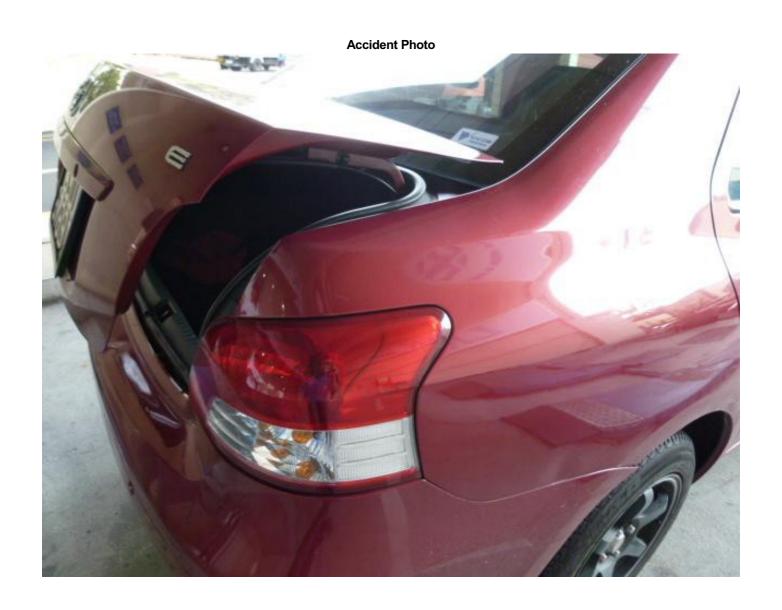






Accident Photo





Accident Photo



Accident Photo

